

LA PORTE COUNTY HEALTH DEPARTMENT

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www.laporteco.in.gov

Application for Residential On-Site Sewage System

Applicant name:				
Address:	City:	State	: Zip:	Name: Date: Referer
Email Address (required):		@		Office use only Name: Date: Reference/Parc
Home phone #:	Cell #:	Fax #:		Office use only Name: Date: Reference/Parcel#
				1.77
Property owner:		Phone #:_		
Address:	City:	State	: Zip:	
Site address:	City:		Zip:	
Subdivision:		Lot#	<u> </u>	
Parcel ID number (required)				_
Township:	North R:	West Sec:		
Number of bedrooms:	Single family:	Multiple	family:	_
New (Construction):				
Repair Existing System:	CHECK ONE (repairs o	<u>nly):</u> Failure:		
Upgrade: Tank Only:	OR Tie-IN to existing	system:		
Whirlpool tub> 125 gallons: Y / N Water softener: Y / N Water Supply: Private Well:	Rental property: Y / N			
I hereby certify that the information a house according to the number of be	bove is accurate and true to the	best of my knowl		 construct the
SIGNED:		DATE:		
PRINT name: Please check one of the following:	: Owner: Builder/contrac	ctor: Ager	_ nt: _	